

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000003195

1. Corporation Name

**ROYAL PALM ESTATES HOMEOWNERS'
ASSOCIATION, INC.**

2. Principal Office Address - No P.O. Box #

6915 S.R. 54

3. Mailing Office Address

6915 S.R. 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

Zip

34653

Country

PASCO

Zip

34653

Country

PASCO

7. Name and Address of Current Registered Agent

Name

GARY L. BLACKWELL, II

Street Address (P.O. Box Number is Not Acceptable)

6915 S.R. 54

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34653

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. **5010-12**

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **09/24/2012**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GARY L. BLACKWELL, II	6915 S.R. 54	NEW PORT RICHEY, FL 34653
D	MERL FAUPEL	6915 S.R. 54	NEW PORT RICHEY, FL 34653
D	JACQUELINE L. OLSON	6915 S.R. 54	NEW PORT RICHEY, FL 34653

S. HAWKES

10. E-mail Address: **blackwellinvestments@tampabay.rr.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

GARY L. BLACKWELL, II **09/24/2012** **727-842-2571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

12 OCT 22 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400240122844
09/27/12--01032--002 **297.50

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

03/21/2006

5. FEI Number

205028100

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

400240122844
10/17/12--01017--012 **70.00

REINSTATEMENT